

RENEWAL APPLICATION OF MORTGAGE AGENT LICENSE

Mail to: Division of Mortgage Lending
400 W King Street, Suite 406
Carson City, Nevada 89703
(775) 684-7060, Fax (775) 684-7061

Mortgage Agent's name: _____

License expiration date: _____

Pursuant to NRS 645B.430 (2), if this renewal or any of the items required below are submitted after the renewal date, a reinstatement fee of \$75 must be submitted.

REQUIRED ITEMS FOR RENEWAL:

1. **\$170 renewal fee**
2. **Proof of 10 hours of certified courses of continuing education**
(Refer to the education link on our website for approved providers)
3. **Child support statement** (Required for all licensed agents regardless if subject to support obligation)
4. **Completed Disclosure Form**, including an explanation of any "yes" answers

Agent Information

Name: _____

Agent License # _____ (ID number on agent record on website)

Agent SS# _____

Home address: _____
Street City State Zip

Phone Number: _____

To verify that our records are correct please provide in the space below the name, Nevada branch address and phone number of the Mortgage Broker where you are employed.

Broker # _____ (available on our website)

Broker name (dba): _____

Nevada Branch address: _____
Street City State Zip

Phone number: _____

By: _____
(Signature of Mortgage Agent)

By: _____
(Signature of Mortgage Broker or Qualified Manager)

Disclosure Form

Employee Name _____

Company Name: _____

Branch Location: _____

You are required to provide an explanation for any ‘yes’ answers. Include date, charge, agency, location, disposition, explanation as applicable. Use the attached page for your explanations.

Disclosure Items

	Y	N
a. Have you ever been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign or military court to any felony or <i>any crime</i> involving fraud, misrepresentation, moral turpitude (crimes against another) or any crime related to the practice of a mortgage broker or mortgage agent? <i>Include any sealed or expunged convictions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever entered into any settlement agreement with any federal or state agency?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you or any company in which you have ever held an ownership interest had a license or registration denied, suspended or revoked by a financial services or securities licensing agency in this state or any state, district, territory of the United States or any foreign in the preceding 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you filed a bankruptcy petition or been subject of an involuntary bankruptcy petition for an organization under your control or made a compromise with creditors within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
e. Has a bonding company ever denied, paid out on, or revoked a bond for you or any company in which you are or have ever been an owner?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you or any company in which you have ever held an ownership interest have any unsatisfied judgments or liens?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you have a relative that is or has been associated with the business? (NRS 645B.0131 Relative means a spouse or any other person related within the second degree by blood or marriage)	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you or any company in which you have ever held an ownership interest had a civil or criminal record expunged or sealed by a court order?	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you ever had a privileged or professional license in any state denied, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are you subject to any pending actions that could result in a ‘yes’ answer to any of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I represent that I personally have completed this form and verify the information contained herein is accurate.

Signature

_____ Title _____

Print Name: _____

Date _____